2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am DOCUMENT # F03252 **Secretary of State** 1. Entity Name FORIS-RATING HOLDINGS (FLORIDA), INC. 02-01-2001 90163 030 ***150.00 Principal Place of Business Mailing Address 101 E. KENNEDY BLVD. PO BOX 2111 BARNETT PLAZA, SUITE 1240 TAMPA FL 33601 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address 101- E. Kennedy Blvd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Bank of America Place Suite 1240 City & State City & State 4. FE! Number Applied For 59-2162837 Tampa Not Applicable Country Zip Country \$8.75 Additional 33602 5. Certificate of Status Desired US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HEYCK, JR. HEYCK, JR. J Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD. BARNETT PLAZA SUITE 1240 America Place TAMPA FL 33602 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSDC** Change ☐ Addition TITLE Delete TITLE DIENER, STEVEN G. NAME NAME STREET ADDRESS STREET ADDRESS 133 ST LEONARDS AVE CITY-ST-ZIP CITY-ST-7IP TORONTO CANADA-M4-N+K6→ TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, i further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

150

STEVEN DIENER

JAN19, 2001 416-45

Daytime Phone #

☐ Change

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